

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000068698

1. Entity Name
KTSS MANAGEMENT, INC



Principal Place of Business
**417 BROOKS GLEN CT
BALLWIN, MO 63021 US**

Mailing Address
**417 BROOKS GLEN CT
BALLWIN, MO 63021 US**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number **37-1469159** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALSH, KENNETH D
502 GULF SHORE DRIVE
313
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WALSH, KENNETH D
STREET ADDRESS	188 CONTINENTAL AVE
CITY-ST-ZIP	RIVER EDGE, NJ 07781
TITLE	VP
NAME	WALSH, TIMOTHY M
STREET ADDRESS	364 CUPSAW DRIVE
CITY-ST-ZIP	RINGWOOD, NJ 07456
TITLE	TRES
NAME	WALSH, STEVEN J
STREET ADDRESS	596 HERRICK DRIVE
CITY-ST-ZIP	DOVER, NJ 07801
TITLE	SEC
NAME	COSTA, STEVEN J
STREET ADDRESS	417 BROOKS GLEN CT
CITY-ST-ZIP	BALLWIN, MO 63021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000422027
02/16/06-80061-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven J Costa, Secretary

1/11/06